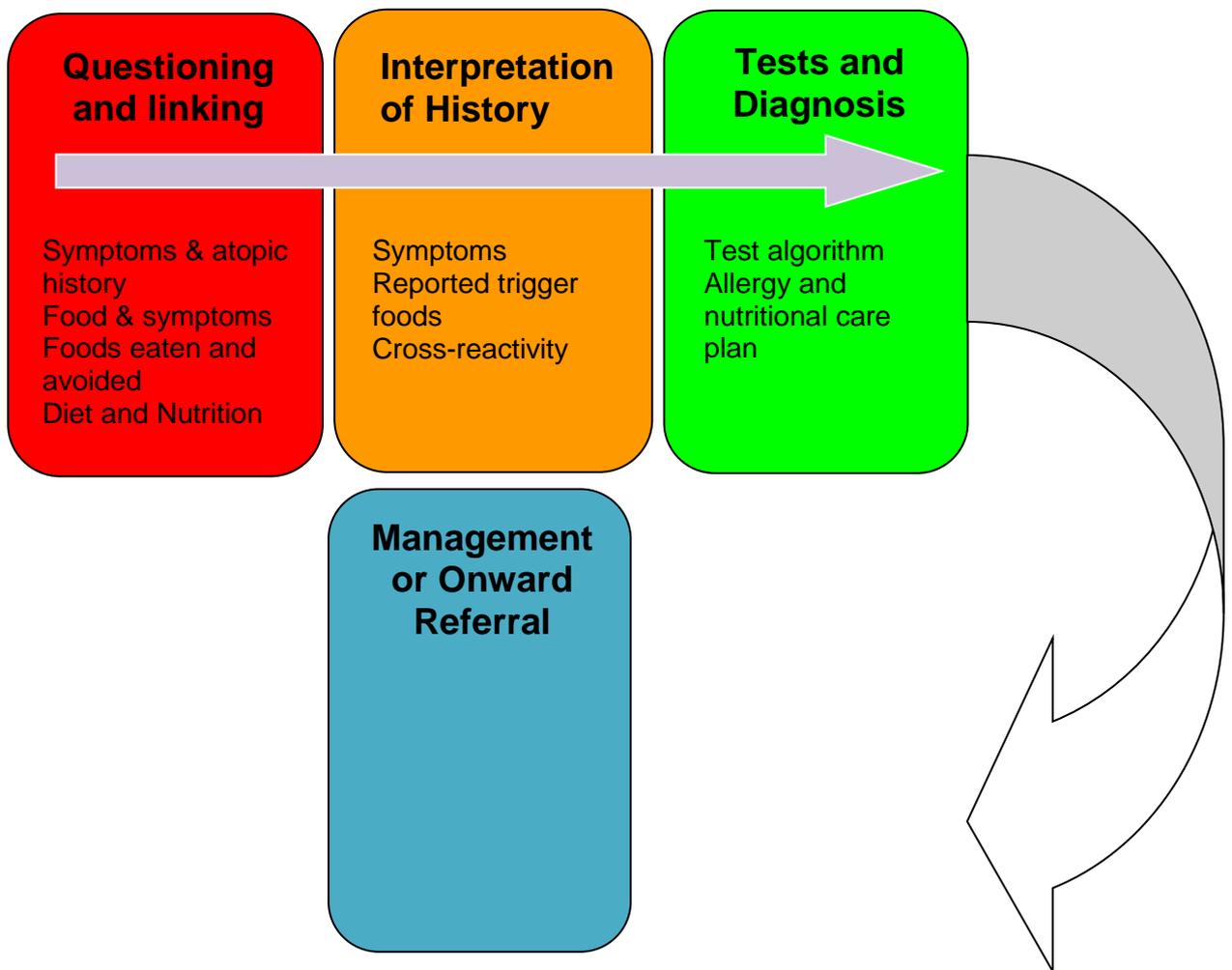


Allergy-Focussed Diet History Paediatric version



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Introduction

The European Academy of Allergy and Clinical Immunology (EAACI) Guidelines on food allergy (FA)⁽¹⁾ suggest that the allergy-focussed history is fundamental to the establishment of the likelihood of a diagnosis, and the mechanisms and food triggers involved. In recognition of this, the Allied Health Interest group of the European Academy of Allergy and Clinical Immunology (EAACI) established a Task force (see Appendix A) to develop allergy-focussed diet history tools to facilitate a systematic standard approach to the diagnosis of infants and children with suspected food allergy, and support best practice and the development of pathways of care.

How to use this tool

This tool has been designed to support food allergy diagnostic pathways and determine when onward referral and/or specialist dietetic or nutritional intervention is required. Infants and young children presenting with suspected food allergy are especially vulnerable to growth and nutritional deficiencies so require optimal diagnosis and management^(1,2). This tool is not profession-specific, and can be used in its entirety by those less skilled in allergy diagnosis, or as an aide-memoir for those who are working in the allergy specialist field. It can also be utilised as an educational tool when teaching health care practitioners about food allergy.

Defining the terms

Atopy	A personal and/or familial tendency, usually in childhood or adolescence, to become sensitised and produce IgE antibodies in response to ordinary exposure to allergens, usually proteins.
Food Allergy (FA)	An adverse reaction to food mediated by an immunological mechanism, involving specific IgE (IgE mediated), cell-mediated mechanisms (non IgE mediated) or both IgE and cell mediated mechanisms (mixed IgE and non IgE mediated).
IgE-mediated FA	Immunoglobulin E mediated and is thought to manifest as a phenotypical expression of atopy, together with (or in the absence of) atopic eczema, allergic rhinitis and/or asthma.
Non-IgE mediated FA	Cell-mediated allergy and presents mainly with gastrointestinal symptoms in reaction to the ingestion of a food allergen.

Abbreviations

FA	Food Allergy
FHS	Food Hypersensitivity
PFS	Pollen-food Syndrome
FPIES	Food Protein Induced Enterocolitis Syndrome

**Questioning
and linking**

Symptom & atopic
history
Food & symptoms
Foods eaten and
avoided
Diet and Nutrition

Symptom and Atopic history

*Indicates the potential need for onward referral for specialist allergy and/or dietary assessment

1	<p>Name _____</p> <p>Age _____ Male/Female</p> <p>Height/length _____ Weight _____</p>
2	<p>Presenting symptoms^(1, 3,4) and pattern of appearance (Tick box and circle relevant symptoms)</p> <p><input type="checkbox"/> Skin: flushing/erythema, pruritus, urticarial*, angio-oedema*, eczema*</p> <p>Pattern - Intermittent (on one occasion or weekly, monthly, annually) OR Continuous</p> <p><input type="checkbox"/> Oro-pharyngeal – pruritus, oedema (lips, tongue, pharynx), vocal changes (laryngeal oedema)*, throat closure*</p> <p>Pattern - Intermittent (on one occasion or weekly, monthly, annually) OR Continuous</p> <p><input type="checkbox"/> Gastro-intestinal:, dysphagia, acute abdominal pain, colicky abdominal pain nausea, vomiting, diarrhoea/loose frequent stools, blood or mucous in the stool*, gastro-oesophageal reflux disease, peri-anal redness, back arching</p> <p>Pattern - Intermittent (on one occasion or weekly, monthly, annually) OR Continuous</p> <p><input type="checkbox"/> Upper and lower airway: conjunctivitis, nasal itching, sneezing, rhinorrhoea with or without conjunctivitis, cough, chest tightness*, wheeze*, shortness of breath*, stridor*</p> <p>Pattern - Intermittent (on one occasion or weekly, monthly, annually) OR Continuous</p> <p><input type="checkbox"/> Cardiovascular* – dizziness, hypotension, tachycardia, hypotonia (collapse)</p> <p>Pattern - Intermittent (on one occasion or weekly, monthly, annually) OR Continuous</p> <p><input type="checkbox"/> Anaphylaxis*⁽⁵⁻⁷⁾ – multi-system involvement e.g. skin symptoms plus respiratory or cardiovascular symptom, or two or more symptoms from different symptom categories</p> <p><input type="checkbox"/> Other - Pallor, tiredness, faltering growth*, malnutrition* or other condition: _____</p> <p>Pattern - Intermittent (on one occasion or weekly, monthly, annually) OR Continuous</p>
3	<p>At what age did the symptoms first appear? _____</p> <p>In what circumstances did symptoms first appear? (during or following a meal, location</p>

	Are these well controlled?
8	Parental/sibling history of atopy: Asthma allergic rhinitis food allergy eczema
9	Does the child have disrupted sleep Yes No (i.e. Excessive waking related to discomfort) Does this continue: all night certain parts of the night
10	Do the parents suspect food allergy Yes No If yes, which foods _____
11	Is the child known to be sensitised to or reports previous positive tests to; <input type="checkbox"/> Aeroallergens (if yes please circle which ones) Grass Trees Weeds Mites Cockroaches Moulds Animal dander Other _____ <input type="checkbox"/> Foods (if yes please circle which ones) Milk Egg Fish Shellfish Wheat Nuts Peanuts Seeds Other _____

For interpretation of symptoms: see page 12

**Questioning
and linking**

Symptom & atopic history
Food & symptoms
Foods eaten and avoided
Diet and Nutrition

Food and Symptoms

*Indicates the potential need for onward referral for specialist allergy and/or dietary assessment

1	Feeding history: Breastfed formula feed N/A		
2	If breast fed, review maternal diet: are there any foods being avoided or being consumed in excessive amounts		
3	<p>a) What type of infant formula or milk substitute is the child taking (tick as appropriate)</p> <p><input type="checkbox"/> Standard infant cow's milk formula/follow-on formula with/without prebiotics/probiotics</p> <p><input type="checkbox"/> Partially/Extensively hydrolysed casein/whey formula - type _____</p> <p><input type="checkbox"/> Partially/extensively hydrolysed rice formula - type _____</p> <p><input type="checkbox"/> Amino acid formula – type _____</p> <p><input type="checkbox"/> Infant soy formula – type _____</p> <p><input type="checkbox"/> Non-fortified soy milk – type _____</p> <p><input type="checkbox"/> Fortified soya milk – type _____</p> <p><input type="checkbox"/> Other milk: Fortified yes/no - type _____</p> <p>b) How much formula is taken per 24 hours _____</p> <p>*if consuming < 600 ml and below 1 year⁽¹²⁾</p>		
4	<p>Have complementary foods been introduced in the diet of the child Yes/ No</p> <p>If yes at what age _____ If no go to Q6</p>		
5	Food	Age	Format – in what form was food given?
	Fruits		Any problems with weaning or with particular foods e.g. colic or reflux?
	Vegetables		
	Rice/corn		
	Meat/chicken		
	Fats/oils		
	Milk		
	Egg		

	Wheat			
	Cod or other white fish			
	Salmon or other oily fish			
	Shellfish			
	Soya			
	Peanuts			
	Tree nuts (specify which ones)			
	Seeds			
6	Is the child refusing food/to feed			Yes No
	If Yes Is this refusal associated with back arching or distress/crying?			Yes
	No			
7	Is the child experiencing early satiety or consuming only small portions			Yes
	No			
8	Have foods been eliminated previously			
	Yes	No	If Yes - was this helpful?	Yes No
9	Are symptoms related to a specific food? Yes / No / Possibly			
	If no complete Q10, if yes or possibly complete Q 11 on next page			
10	If no specific food identified, list the meals preceding the most recent reaction and two other reactions including the most severe (think of age-related foods and possible cross-reacting foods to inhalant allergens)			
	Meal	Time to onset of symptoms (minutes)		Symptom Type

11	Are any foods identified which provoke symptoms? – (consider botanically related ^(a) or cross-reacting ^(b) allergenic foods)				
Food	Symptom type	Speed of onset ^(a)	Amount provoking reaction ^(b)	Raw or cooked	Symptoms every time food is eaten
<p>(a) How many minutes or hours after eating did symptoms appear</p> <p>(b) How much food provokes a reaction e.g. touching lips/inhalation* a mouthful* a few bites whole meal or snack several days of consuming the food</p>					

For interpretation of Trigger foods, see page 13

For cross-reacting foods, see page 16

**Questioning
and linking**

Symptom & atopic
history
Food & symptoms
Foods eaten and
avoided
Diet and Nutrition

Foods eaten and avoided

NB – please also list any foods the Mother is avoiding if breastfeeding

For interpretation of Trigger foods, see page 13

	Avoided	Eaten
Milk - cow, sheep or goats milk, cheese, yoghurt, butter		
Egg - hen, duck, quail		
Tree nuts - Hazelnut, almond, walnut, Brazil nut, , pecan, cashew, pistachio, Macadamia nut		
Peanuts and Legumes - soy, chickpeas, peas, beans, lentils, lupin		
Seeds - sesame, sunflower, pumpkin, poppy, mustard, pine nuts		
Fresh fruit, juice or smoothies e.g. apple, kiwifruit, peach, strawberry, banana, mango, avocado		
Fresh vegetables and vegetable juices e.g. tomato or carrot		
Herbs and spices e.g. coriander, parsley, chilli, cumin, paprika		
Cereals - Wheat, rice, barley, oats, corn, buckwheat (not a cereal), rye, spelt, quinoa		
Fish (white or oily) e.g. cod, salmon, trout		
Shellfish – e.g. Prawns, mussels, squid		
Meat , poultry and game		
Beverages - Cordial/squash, fizzy drinks, alcohol		
Not certain or multiple foods - Compare the daily diet to that in Appendix C to ascertain which allergens might be involved		

D. Diet and Nutrition

NB – All children with a suspected food allergy should be referred for an assessment of nutritional adequacy and imbalance

1	Is the weight for height and height for age ≤ 2 z-score ⁽¹²⁾	Yes*	No
2	Has there been: Recent growth faltering: i.e. wasting (low weight for height) or stunting (low height for age) or downward crossing of ≥ 2 centile in weight or length	Yes*	No
	OR Static weight ⁽¹³⁾	Yes*	No
3	Does the child have age-appropriate progression in oral motor skills? see page 20	Yes	No
4	Are multiple foods being avoided?	Yes*	No
5	Has one or more foods been excluded for 6 months or longer?	Yes*	No
6	Is the patient vegetarian or vegan?	Yes*	No
7	Any fortified foods or nutritional supplements being taken? (e.g. foods fortified with energy, calcium or other nutrients) NB consider national recommendations regarding vitamin D supplementation	Yes	*No
8	Any religious or cultural factors that can affect food intake?	Yes*	No
9	Does the child have a long standing chronic condition that further impairs dietary intake?	Yes*	No

***At high risk of nutritional inadequacy**

Interpretation of History

Symptoms
Reported trigger foods
Age
Cross-reactivity

Interpretation of Symptoms

		Likely IgE-mediated FA ^(1, 3,4)	Likely non-IgE-mediated FA	Differential Diagnosis
S Y M P T O M T Y P E	Skin	Pruritis -extremities and groin Urticarial rash of less than 48 hours duration Acute rapid-onset angio-oedema after eating	Atopic dermatitis	Non-specific pruritis Delayed onset urticarial rash of more than 48 hours duration Hereditary angio-oedema Viral urticarial, chronic urticarial, atopic eczema, Angio-oedema several hours after eating
	Gastro-intestinal	Oro-pharyngeal pruritis (OAS), oedema, tingling, paraesthesia and dysesthesia Severe, acute intermittent vomiting and/or diarrhoea within 30 minutes of eating	Chronic constipation or soft stool constipation associated with straining Diarrhoea with/without mucus and/or blood and/or vomiting Repeated vomiting Abdominal distension/bloating Feeding aversion Collapse/clinical picture similar to sepsis (FPIES) Back-arching following feeds	Chronic constipation or diarrhoea Bloating Acute I GI pain Gastro intestinal infection
	Respiratory	Rhinitis, conjunctivitis, dyspnoea, wheeze, stridor, acute-onset difficulty in breathing		Respiratory tract infection Asthma exacerbation Inhalation of a corpus alienum
	Circulatory	Tachycardia or Hypotension	Hypotension (in FPIES)	Cardio vascular problems
SPEED OF ONSET		IMMEDIATE Up to 2 hours after eating	INTERMEDIATE More than 2 hours after eating or up to 2 days with continued exposure	DELAYED More than 2 days after eating or not linked to food
SEVERITY		Anaphylaxis, difficulty in breathing	Hypovolemic shock (FPIES)	
REPRODUCIBILITY		Symptoms every time same food eaten		No discernible pattern

**Interpretation
of History**

Symptoms
Reported trigger
foods
Age
Cross-reactivity

Interpretation of Reported Trigger Foods

Reported Food	Likely IgE-mediated FA	Likely non-IgE-mediated FA	Likely non-allergic FHS or Differential Diagnosis
Milk	Milk, cheese, yoghurt, fromage frais, ice cream, milk in foods, butter	Milk, cheese, yoghurt, fromage frais, ice cream, milk in foods	Milk and soft cheese (Lactose intolerance ⁽¹⁴⁾)
Egg	Egg, baked egg, runny egg	Egg, baked egg, runny egg	
Tree nuts NB in older children, to check cross-reactivity, apply PFS Algorithm (Appendix C) ⁽⁶⁾	Hazelnut, almond, brazil nut, walnut, pecan, cashew, pistachio, macadamia)		
Peanuts and other Legumes NB in older children, to check cross-reactivity, apply PFS Diagnostic Algorithm (Appendix C)	Peanuts		
	Soy (immediate-onset symptoms)	Soy	
	Lupin Chickpeas, lentils, etc.		
Seeds	Sesame, sunflower, pumpkin, mustard, pine nuts, poppy seeds		
Fresh fruit NB in older children, to check cross-reactivity, apply PFS Algorithm (Appendix C)	Any fresh raw fruit especially apples, strawberries, plums, cherries, peaches, pears, kiwi	Strawberries	Pineapple or oranges – non-specific oral rash carbohydrate malabsorption (i.e. fructose) secondary due to GI inflammation ⁽¹⁵⁾
Fresh vegetables NB in older children, to check cross-reactivity, apply PFS Algorithm (Appendix C)	Any fresh raw vegetable, especially carrots, peppers, celery, tomatoes, avocado		Tomatoes – non-specific oral rash
Herbs and spices	Fresh herbs, especially		

	coriander and parsley, mustard, chilli, paprika, celery salt, curry powder		
Cereals	Wheat Rice Barley Corn – e.g. polenta, cornflakes, tortilla	Wheat Barley Rice Corn Oats	Gluten intolerance
Seafood	Finned Fish (cod, herring, mackerel, sea bass, plaice etc.) Crustaceans (prawns, crab, lobster, gamba, langoustine Molluscs (mussels, clams, oysters		All seafood can cause toxic reactions – usually late onset nausea and vomiting
Meat	Beef, lamb, pork – delayed onset severe anaphylaxis Chicken, processed ham and chicken (contain milk) Sausages (soy)		
Meat substitutes	Mycoprotein (egg) Vegetarian sausages, burgers or patties (soy, other legumes or nuts)		
Beverages	Fruit juices containing milk solids		Lime cordial, bottled lemon/lime juice
Composite meals or snacks	Meals containing nuts, seeds and seafood (UK - Indian curry, Thai, Malaysian, Chinese), Hummus, Pesto, chips (if allergic to fish), chicken nuggets, fried chicken	Pizza, Pasta, Mexican, Italian, burgers Soup gravy and sauces	

Interpretation of History

Symptoms
Reported trigger
foods
Cross-reactivity

Linking foods eaten to specific allergens -

Daily food pattern and possible allergens (adapted from Food

Hypersensitivity, Skypala and Venter⁽¹⁶⁾*)

	Milk	Egg	Wheat	Soy/ Legumes	Peanut/ Tree nut	Other allergens
Breakfast						
Breakfast cereal	✓		✓		✓	Barley
Bread	✓		✓	✓	✓	Barley
Butter/Margarine	✓					
Chocolate spread					✓	
Muffin, Pastry or croissant	✓	✓	✓	✓	✓	
Ham/Bacon	✓					
Sausage		✓	✓	✓		
Snack meal						
Soup			✓	✓		Celery, mustard
Bread roll	✓	✓	✓	✓	✓	Seeds
Sandwich	✓	✓	✓	✓		
Salad dressing	✓	✓	✓	✓		
Vinegar/ketchup			✓			Barley
Biscuits	✓	✓	✓	✓	✓	
Cake	✓	✓	✓	✓	✓	Cochineal
Custard	✓					Annato
Hummus				✓	✓	Sesame
Pesto	✓				✓	
Crisps	✓					
Main meal						
Baby jars	✓	✓	✓	✓		Fish, celery
Baby cereals	✓		✓			
Baby pouches						Celery
Fish in batter		✓	✓			
Sausages		✓	✓	✓		
Thai/Malaysian			✓		✓	Sesame, seafood, buckwheat
Chinese		✓	✓	✓	✓	seafood
Curry	✓		✓	✓	✓	Coriander cumin, turmeric, fenugreek, celery, mustard
Pizza	✓	✓	✓	✓		Celery, mustard
Fruit tart/fritters			✓	✓		Lupin
Yoghurt/ice cream	✓	✓			✓	
Other						
Gluten-free foods						Lupin

*This table should be adapted for each country

Linking foods eaten to specific allergens -

Foods likely to contain milk, egg, cereals, peanuts or tree nuts

	Milk	Egg	Wheat & Barley	Peanuts & Tree nuts
Bread and breakfast cereals	Breakfast cereals, some breads	French toast	Bread (sourdough, nan, soda), breakfast cereals, pancakes, muffins, crackers	Breakfast cereals, peshawari nan bread, almond croissants
Meat, fish, egg, cheese, vegetarian dishes	Packet sliced cold meats, lasagne, sausages, foods in batter, sandwiches, quiche	Sausages, fish fingers, foods in batter/breadcrumbs	Sausages, foods in batter/breadcrumbs, pies, meat puddings, sandwiches	
Pasta, rice, potato vegetables,	Pasta in cheese or cream sauce, baked beans, soups,	Yorkshire pudding, egg fried rice, egg pasta, meat substitute. bouillon	Potato cakes, couscous, pasta, spelt, baked beans	Vegetarian dishes
Desserts, Cakes and biscuits	Yoghurt, milk pudding, cheesecake, pancakes, custard, ice cream, mousse, Cakes, biscuits, muffins	Pancakes, meringue, soufflé, sponge, trifle, crème brulee, egg custard, pastry cream, mousse, ice cream, cakes, pastries brushed with raw egg, marzipan, royal icing,	Semolina, cheesecake, tarts, sponge, crumble, pancakes, biscuits, cakes, pastries,	Pastries, nut cookies, Ice cream toppings, Bakewell tart, brownies, fruit cake, nut cookies, marzipan, hazelnut paste, halva, baklava, macaroons
Restaurant and take away food	Pizza, curry containing cream (e.g. korma)			Curry especially Korma sauce, Thai and Chinese food, Satay sauce, Szechwan sauce
Sweets and snacks	Toffee, fudge. Caramel, chocolate, crisps, flavoured snacks	Filled chocolates, cream/fondant fillings		Peanut/nut brittle, Marron glace, sugared almonds, praline, chocolates, nougat
Condiments and spreads	Salad dressing, butter, margarine	Salad dressing, mayonnaise, salad cream, Hollandaise sauce, lemon curd	Sauces, gravy	Peanut butter, Chocolate hazelnut spread, cold pressed walnut, almond and hazelnut oil peanut/groundnut oil
Drinks	Infant formula, milk, pineapple & coconut juice, latte, coffee and tea whiteners		Malt drinks	

***This table should be adapted for each country**

**Interpretation
of History**

Symptoms
Reported trigger
foods
Cross-reactivity

Linking foods eaten to specific allergens - Foods likely to contain soy, lupin, sesame, mustard and sulphites

	Soy & Lupin	Sesame	Mustard	Celery
Bread, crackers, breakfast cereals	Bread, crackers, gluten-free products	Bread sticks, bagels, crackers, crispbread, rice cakes		
Meat, fish, egg, cheese, vegetarian dishes	Tofu, tempeh, sausages, beef burgers baby food, battered food	Burger buns, falafel, samosa	Cheese sauce, Welsh Rarebit, ready meals, stews, casseroles, hot dogs	Ready meals, casseroles, stews
Pasta, rice, potato vegetables,	Endamame beans, noodles	Noodles	Pickled vegetables	Vegetable puree
Desserts, cakes and biscuits	Biscuits, pastries	Baklava, halva, sesame snaps, pastries,		
Restaurant and take away food	Pizza	Chinese and Thai food	Curry, Pizza, Mexican	Curry, pizza
Sweets and snacks	Cheese dips	Hummus,		
Condiments and spreads	Soy sauce, stock cubes, sauces, mayonnaise, salad dressing	Salad dressing, soups, sauces, dips	Salad dressing, barbeque sauce, soups, ketchup, Mayonnaise, marinades, piccalilli, chutney, curry powder	Curry powder, spice mixes, rubs, sauces, marinades, soups, salad dressing, Yeast extract, gravy, stock cubes, ketchup, Barbeque sauce, chutneys, pickles
Drinks	Soy milk, miso soup, body-building protein shakes			Vegetable juice, tomato juice

***This table should be adapted for each country**

**Interpretation
of History**

Symptoms
Reported trigger
foods
Age
Cross-reactivity

Linking age to foods suspected

Age	Foods most frequently associated with IgE-mediated FHS^(1,3,4)
Infants (0-5 years)	Cow's milk, egg, peanut, soy, nuts
Young children (5-10 years)	Cow's milk, egg, peanut, tree nuts, wheat, soy (fish, kiwifruit, sesame)
Older children 10-16 years	Peanuts, tree nuts, seeds, fish, fruits, vegetables

***This table may need to be adapted for each country due to differences in diet and aeroallergen sensitisation patterns**

Linking cross-reactivity between foods and aeroallergens ⁽¹⁷⁻³⁶⁾

Primary sensitisation or allergy to:	Potential co-sensitisation or cross-reactions to:
Pollens	
Silver Birch	apple, pear, cherry, peach, nectarine, apricot, plum, damson, greengage, strawberry, kiwifruit, hazelnut, walnut,, almond, Brazil nut, celery, carrot, potato, soy, fig, bean sprouts, mangetout
Plane tree	hazelnut, peach, apple, melon, kiwi, peanuts, maize, chickpea, lettuce, green beans
Grass	melon, watermelon, orange, tomato, aubergine, sweet pepper, chilli or cayenne pepper, potato, peanut, Swiss chard
Mugwort	celery, celeriac, carrot, parsnip, dill, parsley, coriander, cumin, fennel, aniseed, caraway, angelica, chervil, sunflower seed, honey
Ragweed	watermelon and other melon, banana, courgette, cucumber, courgette, marrow, squash, pumpkin,
Latex	Avocado pear, chestnut, peach, banana, passion fruit, kiwi fruit, papaya, mango, tomato, pepper, potato, celery
Foods	
Peanut	Walnut, pistachio nut, cashew nut, Hazelnut, almond, Brazil nut, sesame seed, other legumes (see below)
Pistachio or cashew nut	Pistachio or cashew nut, peanut, hazelnut
Walnut or pecan nut	Walnut or pecan nut, hazelnut, cashew nut, peanut, sesame
Hazelnut	Cashew, Brazil nut, pistachio, almond, peanut, walnut
Sesame	Sunflower seeds, peanuts, walnuts, hazelnut, Brazil nut, almonds
Peaches	Apples, hazelnuts, peanuts, walnuts, orange, cabbage, lettuce, mustard, corn, barley
Legumes	Peanuts, Soy, Pigeon Pea, Goa Bean, Runner Bean, French Bean, Haricot Bean, Butter Bean, Lima Bean, Chick Pea, Mung Bean, Fava Bean, Peas, Lentils, Tamarind, Guar Gum, Fenugreek, Liquorice, Gum Arabic, Tragacanth

**Interpretation
of History**

Symptoms
Reported trigger
foods
Cross-reactivity

Age-appropriate progression of oral-motor skills (37-40)

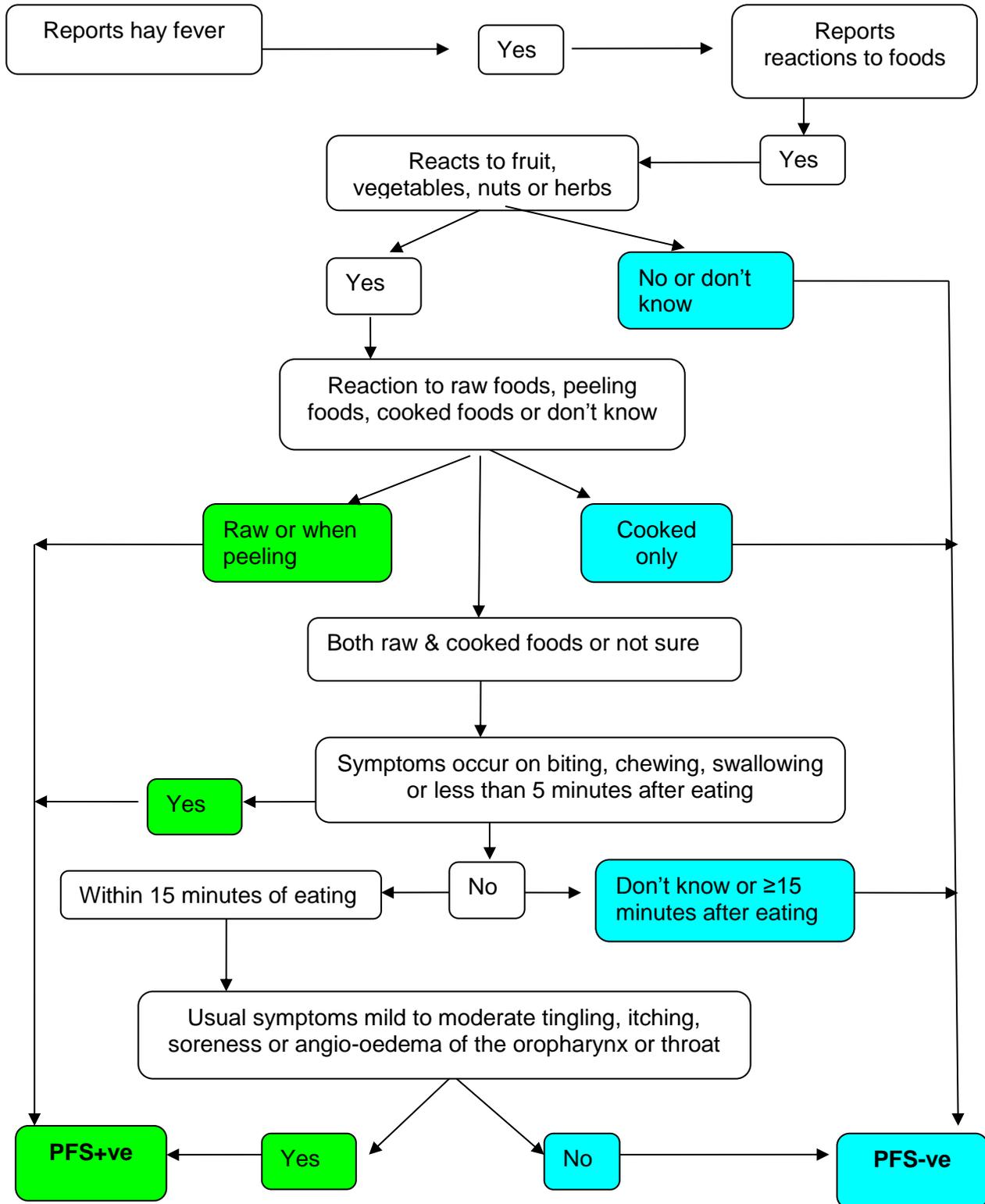
Age (months)	Oral-motor skills
0-6 months	Sucking and swallowing from the breast/bottle. If weaning occurs > 17 weeks < 6 months, able to remove pureed foods off a spoon.
6-10 months	Able to remove foods of a spoon. Texture initially puree with soft lumps* and progresses within 6-10 months to bigger lumps and finger foods. Able to chew soft foods and has good lateral tongue movement. Able to hold spoon and starts to attempt to assist in feeding. Drinking from a feeder beaker/cup without help.
>10 months	Eats pieces that require advanced chewing, able to finger feed starts to be able to spoon feed. Able to drink independently from a cup.

***It is critical to have lumpy textures at 10 months of age**

Tests and Diagnosis

Test algorithm
Allergy and
nutritional care
plan

©Pollen-Food Syndrome (Oral Allergy Syndrome) Algorithm⁽¹⁷⁾



PFS+ve - has PFS
PFS-ve does not have PFS

**Tests and
Diagnosis**

Test algorithm
Allergy and
nutritional care
plan

Allergy and Nutritional Care Plan

PROVISIONAL DIAGNOSIS:	IgE-mediated FA Other:.....	Non-IgE-mediated FA (Circle as applicable)
PROVOKING FOODS		
OTHER CROSS- REACTING FOODS		
DIAGNOSTIC TESTS⁽¹⁾		
MANAGEMENT PLAN		
DIETARY ADVICE		

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Appendices

Appendix A. Task Force Membership

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